

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		3
3	1			1		
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1			1		
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42	1					
43	1					
44	1		1			
45	1			1		
46	1			1		
47	1			1		
48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	41	←	26	←		←
TOTAL CLAIMS	47		32			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS						